

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/572699

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1	2				
7	1	2				
8		1				
9		6				
10		6				
11		6				
12		5				
13		5				
14	1	2				
15	1	2				
16	1	2				
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TOTAL IND.	6	↓		↓		↓
TOTAL DEP.	34	↙		↙		↙
TOTAL CLAIMS	40					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↙		↙		↙
TOTAL CLAIMS						